

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1510 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Matilda Young

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 52 Years, 11 Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Cook

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, { Give Street and Number. } 21 S Smiths Court

Cause of Death, { First (Primary), Second (Immediate), } Chronic Rheumatism.
Cardiac Failure.

Duration of Last Sickness, Four years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 19th 1887

{ Undertaker, W. H. Denger William T. Cathel M. D.

Medical Attendant.

{ Place of Business, 150 East St Address, 4 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7511

Office of Registrar of Vital Statistics.

Ward 7

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CERTIFICATE OF DEATH.

Date of Death, July 16 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Blake

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 68 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Timber Sawyer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Snow Hill - Md.

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, { Give Street and Number. } 808 Mc Donough

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
Exhaustion

Duration of Last Sickness, About 8 days

All the above information should be furnished by the Physician.

Place of Burial, Asberry Ceme

Date of Burial, July 19th 1887

{ Undertaker, W. H. Dungee

{ Place of Business, 150 East St

C. F. Taylor M. D.

Medical Attendant.

Address, 728 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1512 Office of Registrar of Vital Statistics. Ward 10

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CERTIFICATE OF DEATH.

Date of Death, July 16, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Jackson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 90 Years, _____ Months, _____ Days.

Color, C

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Howard Co. Ind

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give Street and Number. } 1072 Rabun st

Cause of Death, { First (Primary), Second (Immediate), } Paralysis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17, 1887

{ Undertaker, Chas. H. Dungey C. W. Neff M. D.

Medical Attendant.

{ Place of Business, 150 East St Address, 763 W. Bayview St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1513. Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 18th 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard D. Stone

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Male

Age, fifty three ⁴³ Years,

Months,

Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Married

Occupation, Agent for Stillman's Bakery

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Vermont

Duration of Residence in the City of Baltimore,

thirty four years (34)

Place of Death, { Give Street and Number. } Md General Hospital, 25427 Linden Avenue

Cause of Death, { First (Primary), } Insolation

{ Second (Immediate), }

Asthma

Duration of Last Sickness, Seven hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 20/87

E. H. Wallace

M. D.

Undertaker, Chas. P. Serwin

Medical Attendant.

Place of Business, 925 Madison Ave

Address, 25427 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1514

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August C. Walters

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 4613 S. Dallas St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews cem.

Date of Burial, July 19 1887

Undertaker, H. Anderson & Son John H. Rehberger M. D.

Place of Business, 1710 Canton Ave Address, 1709 Alice Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1515 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, July 17

Full Name of Deceased, Eva Pearl Howard { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female { Cross out the word not required in this line. }

Age, 1 Years, 11 Months, 17 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, B. City

Birth Place, B. City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, 134 Fort Ave { Give Street and Number. }

Cause of Death, Contraction of Brain
Convulsions
3 days
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Park

Date of Burial, July 20

Undertaker, B. H. Harle R. H. Deas M. D.

Place of Business, 115 West St Address, 915 Light Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 1516*

Office of Registrar of Vital Statistics.

Ward *1st*

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CERTIFICATE OF DEATH.

Date of Death, *July 16 - 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Frieder. Pittz* ✓

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *35* Years, *2* Months, *25* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Dracker*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany - 16 years*

Duration of Residence in the City of Baltimore, *16 years*

Place of Death, { Give Street and Number. } *437 Patterson Park Cr. (S.)*

Cause of Death, { First (Primary), Second (Immediate), } *Birchosis hepatis*
Ascitis

Duration of Last Sickness, *14 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Pauls Cem*

Date of Burial, *July 19. 1887*

Undertaker, *H. Sander* *L. O. Wintermeyer* M. D.

Place of Business, *1710 Canton* Address, *25 S. E. E.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A. 1577 Office of Registrar of Vital Statistics.

Ward 7th

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CERTIFICATE OF DEATH.

Date of Death,

July 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Helen Estelle Cook

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 13 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1120 N Eden St

Cause of Death, { First (Primary),
Second (Immediate), }

Typhoid Fever

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, July 21

Undertaker, Geo. Schilling

Mr. B. Billingsley

M. D.

Medical Attendant.

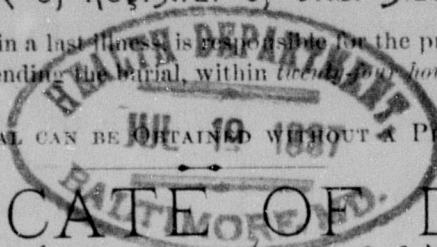
Place of Business, Ashland Square

Address, 1206 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



Health Department, City of Baltimore.

Permit No. A 1518

Office of Registrar of Vital Statistics.

Ward 17

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, Safayette England

Sex, Male or Female, Male

Age, 41 Years, 7 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Baltimore Md

Birth Place, Baltimore Md

Duration of Residence in the City of Baltimore, Living since

Place of Death, 1807 Light St

Cause of Death, Erysipelas & Rheumatism

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 20th 1887

Undertaker, W. J. Tickner

Place of Business, 221 S. Eutaw St Address, 104 Fort av

Medical Attendant, O. A. Crooke M. D.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1519

Office of Registrar of Vital Statistics.

Ward 19

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CERTIFICATE OF DEATH.

Date of Death, June 17, 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oleiv Comman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 60 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, { Give Street and Number. } 1 Park St

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ave

Date of Burial, July 11, 1887

{ Undertaker, St. J. Dungee }

{ Place of Business, 100 East St } Address, 332 Carey St

Medical Attendant, R. L. Shuman M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]